2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # 296700 1. Entity Name 01-28-2008 90047 049 ***150.00 B & K FARMS, INC. Principal Place of Business Mailing Address 4450 HAVANA HIGHWAY 4450 HAVANA HIGHWAY HAVANA, FL 32333 HAVANA, FL 32333 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172008 CR2E034 (12/06) Chg-P 4. FEI Number City & State City & State Applied For 59-1110443 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MONTAGUE, WILLIAM L Street Address (P.O. Box Number is Not Acceptable) 4450 HAVANNA HWY HAVANA, FL Crty Zio Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. INOTE. Recustored Agent signature required when registating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE □ Delete TITLE ☐ Change ☐ Addition MONTAGUE, WILLIAM L HAME 4450 HAVANA HWY STREET ADDRESS STREET ADDRESS CETY-ST-ZEP HAVANA, FL CITY-ST-ZIP D sec/treas DV/ Delete X Change ■ Addition MONTAGUE, SARAH K Montague, Sarah K. STREET ADDRESS 4450 HAVANA HWY STREET ADDRESS 4450 Havana Hwy CATY-ST-ZEP HAVANA, FL CITY-ST-ZIP Havana, FL 32333 me ☐ Delete mr ☐ Change Addition HAME Dianne M. Croley STREET ADDRESS STREET ADDRESS 255 Longview Lane CITY-ST-ZIP CITY-ST-78P Havana, FL 32333 MLE ☐ Detete MLE ☐ Change ☐ Addition HALE NALE STREET ADDRESS STREET ADDRESS CATY-ST-ZEP CITY-ST-ZIP MLE ☐ Delete TM F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete mu ☐ Change Addition MAN ши STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. William L. Montague

FILED

Jan 28, 2008 8:00 am